

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF
WATER FROM THE PALOUSE RIVER BASIN WATER SYSTEM**

CIVIL CASE 59576

NUMBER:

Ident. Number: 87-10643

Date Received: 6-13-19

Receipt No.: N034968

RECEIVED
JUN 13 2019
DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CFP LLC	PO BOX 116	PRINCETON	ID	USA	83857

2. Date of Priority:

Date	Explanation
1/1/1971	Well has been in place since at least 1971.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	04W	1		SW	SW	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Domestic use is for filling spray trucks, within office with kitchen and bathrooms, and fire control. Use is for less than 2500 gallons per day.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	04W	1	SW	SW	LATAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Palouse River Basin Adjudication." (b.) I/We do ___ do not ___ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Agent, member of CFP LLC
 Title Organization

that I have signed the foregoing document in the space below as

Agent of CFP LLC
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Debra D. Egan Date 6-13-19

Title and Organization Agent CFP LLC

Please print name